## VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument State of Alaska

FEB 1 2 2010

|  | Scientific Crime  | Detection Laboratory -  | Statewide Breath Alco  | ohol Program'   |   |
|--|---|---|--|---|---|
| provide a langua de la compansa de l | A street and  | Dat   | aMaster cdm S/N  | 130570  |   |
| Super  | visor/Operator Performing the   | Verification Procedure:   |  |   |   |
|  | Name CR   | AA 7  | ID# 3791   | Date 21 11/10   |   |
| Ą  | Agency  | 490   | Pł   | none # 786.2640   |   |
| and the second s | Instrument Location   | FLORA SUB   |  |   |   |
| В  | Alco 8/N 789.55   | Target Value _  | - 079 High Press   | ure 700   |   |
|  | Alco Test Values  | 076<br>1ª Alco  | 2 <sup>nd</sup> Alco   |   |   |
|  | Signature   | Ch Rus  | RITAL  | 1349  |   |
|  |   | (OVE  | R)   | y and   | 7 |
| Postpoudralineaturestan  |   | (Do Not write in the  | ne area below)   | 9/33, (   | , |
| ) The Alaska Sci<br>) I am the Scient<br>) In that capacity<br>sponsible for ver<br>aintaining the rec   | e Scientist IV at the State<br>entific Crime Detection I<br>ific Director of the State<br>of I am responsible for over<br>ifying the calibration of it<br>cords of the program. | Laboratory is an entity we Breath Alcohol Program erseeing the breath alcohol nstruments are properly eccurate verification of ca | ithin the Department of a control of the control of | assuring that persons I also am responsible for a regularly conducted and |   |
|  | activity of the breath alco   | ohol program performed  | by a person trained ar   | nd qualified to conduct the   |   |
| Nita / Bolz Scientific Direct State Breath Ale   |   | or evidentiary use in the   | State of Alaska.   |   |   |
| Subscribed and   | sworn before me this 2  | 3 day of Chludy   | , 2010.  |   |   |
| Carolyn M. Nol   | land  | eal Stamp)  | THE PARTY OF THE P |   |   |
| Notary Public, S<br>Commission Ex  | State of Alaska<br>opires with Office   |   | E0/50,447/0-   | gent<br>Sand<br>Catal<br>Catal<br>Catal<br>Catal<br>Catal                 |   |

BT9 03/00

## VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

|   |          | DataMaster cdm S/N \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\                 |
|---|----------|---|
|   | (CONTINI | UED FROM FRONT PAGE)  |
| C |          | M THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC<br>IN THE MARKED BOXES. |

NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY DATAMASTER cdm 130570

FEBRUARY 11, 2010 (/

OPERATOR'S NAME:

RITALA

OPERATOR'S NUMBER: 3791

SUBJECT'S LAST NAME: VERIFICATION OF CALIBRATION

SUBJECT'S FIRST NAME/MI :

O.L. #: A

DEPT/AGENCY: ANC1

CASE/REPORT: A

TEST TYPE: V

ALCO TARGET VALUE: .079

ALCO S/N: 78855

--- BREATH ANALYSIS ---

.079 ADJUSTED FOR 29.31 in ALCO TARGET 23:49 23:50 .000 BLANK TEST INTERNAL STANDARD VERIFIED 23:50 23:50 ALCO TV 29.31 in .076 .000 23:51 BLANK TEST .000 23:52 SUBJECT SAMPLE BLANK TEST .000 23:52 ALCO TV 29.31 in 8 23:53 .076 23:53 .000 BLANK TEST

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY DATAMASTER cdm 130570

FEBRUARY 11, 2010

TIME 23:48

--- DIAGNOSTIC CHECK ---

COMPUTER:

OKAY

PROGRAM:

OKAY

SOFTWARE DATE:

12/11/08

HEATERS

SAMPLE CHAMBER: BREATH TUBE:

50c 41c

BAROMETER:

29.31 in

FLOW DETECTOR:

OKAY

PUMP

HIGH SPEED:

OKAY

DETECTOR:

OKAY

FILTERS:

OKAY

QUARTZ STANDARD:

OKAY

CALIBRATION:

OKAY

PRINTER TEST !"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFG HIJKLMNOPQRSTUVWXYZ[\]^\_ abcdefghijklmno

pqrstuvwxyz{|}~\Delta